

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17323

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers 1 and 2, and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

1. DECEASED NAME (Type or print)	First MARY	Middle ALICE	Last BOWDLE	2a. DATE OF DEATH Month December Day 28 Year 1968	2b. HOUR 4 P.M.
3. SEX Female	4. RACE White	5. DATE OF BIRTH March 3, 1895		6. AGE (in years last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Caroline		
10. CITY OR TOWN OF DEATH Preston	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Near Smithson		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housework		12b. KIND OF BUSINESS OR INDUSTRY Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Caroline	13c. CITY OR TOWN Preston	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER R.F.D. #1	
14. FATHER'S NAME First William	Middle T.	Last Blades	15. MOTHER'S MAIDEN NAME First Alice	Middle Dukes	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown? No	16b. SOCIAL SECURITY NO. 219-34-3846B	17. INFORMANT Gifford C. Bowdle, Preston, Maryland, RFD	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>4109</i> Acute Coronary Thrombosis. DUE TO, OR AS A CONSEQUENCE OF (b) <i>Coronary Artherosclerosis</i> . DUE TO, OR AS A CONSEQUENCE OF (c) <i>Generalized arterosclerosis</i> .					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 0 ? 10 yrs					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>4201</i>					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <i>Jan 1, 1961</i> , to <i>Dec 23, 1968</i> , that (I) (we) last saw the deceased alive on <i>Dec 23, 1968</i> , and that in (my) (we) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>H. R. Trapnell, M.D.</i>	DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS <i>Federalsburg, Maryland 21632</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 31, 1968</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Junior Order Cemetery</i>	23d. LOCATION (City or Town) <i>Preston, Maryland</i>	(County)	(State)
24. FUNERAL DIRECTOR <i>Frampton Funeral Home</i>	ADDRESS <i>Federalsburg, Maryland</i>	25a. REC'D BY REGISTRAR <i>JAN 13 1969</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

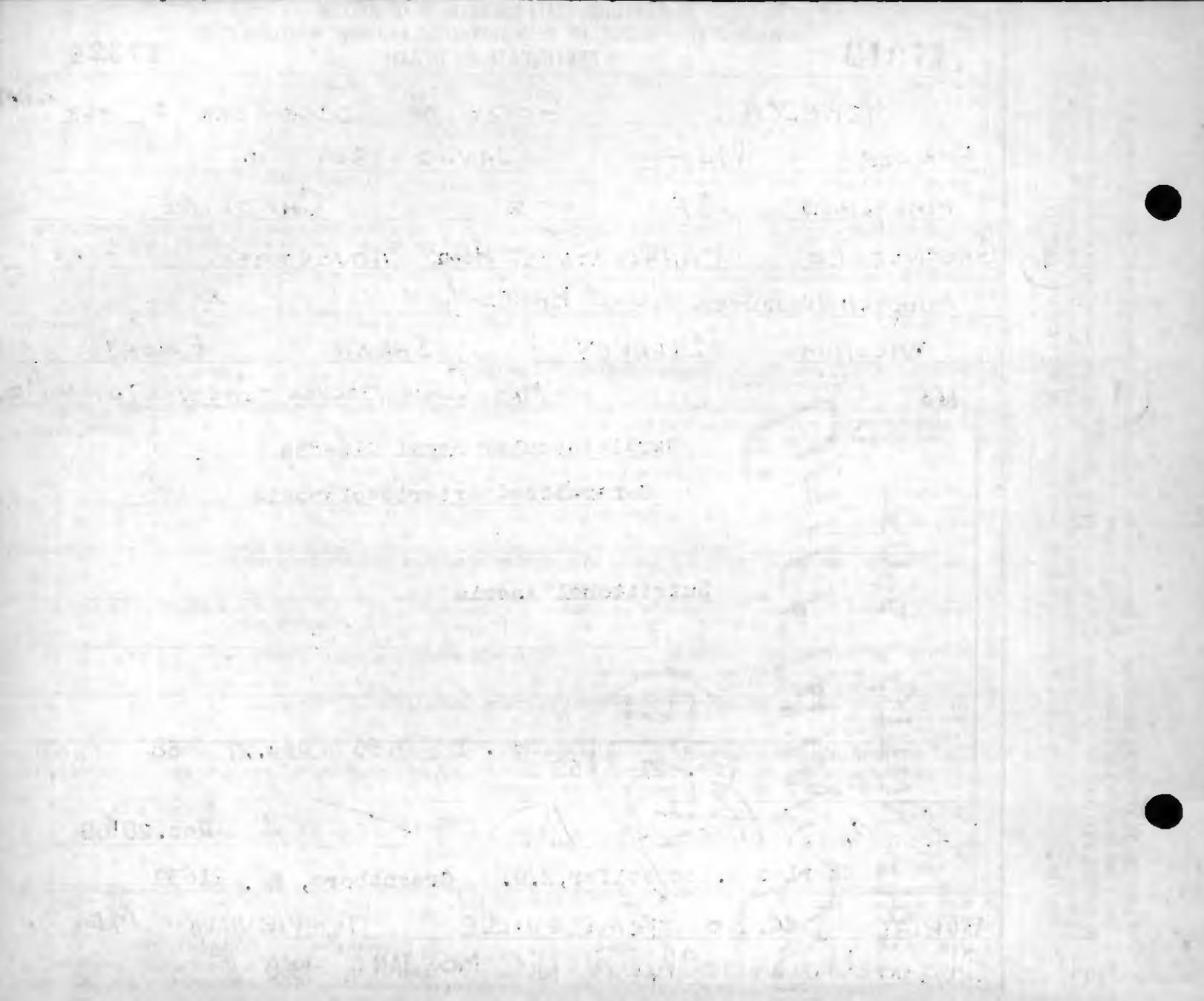
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17343

17324

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death.
Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

1. DECEASED-NAME (Type or print)		First Rebecca	Middle GODWIN	Lost	20. DATE OF DEATH Month DECEMBER	Year 27 1968	2b. HOUR 4PM			
3. SEX FEMALE		4. RACE WHITE	5. DATE OF BIRTH JAN. 12 - 1869		6. AGE (in years last birthday) 99 yrs.		IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN.
7a. BIRTHPLACE (State or foreign country) MARYLAND		7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED <input checked="" type="checkbox"/>		NEVER MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH CAROLINE			
10. CITY OR TOWN OF DEATH GREENSBORO		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) CAHALL Guest Home		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) HOUSEWIFE		12b. KIND OF BUSINESS OR INDUSTRY XX				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND		13b. COUNTY Queen Anne	13c. CITY OR TOWN BARCLAY	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER XX					
14. FATHER'S NAME WILLIAM		First Middle STARKEY	15. MOTHER'S MAIDEN NAME SARAH	First Middle EMORY	Lost					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO.	17. INFORMANT MRS. CLARA Holden - CHESTERTOWN MD.		Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Cardiovascular Renal Disease				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
4120 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		DUE TO, OR AS A CONSEQUENCE OF Generalized Arteriosclerosis								
(b)		DUE TO, OR AS A CONSEQUENCE OF								
(c)										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
442X		Nutritional Anemia								
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION	19c. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State				
22a. I certify that (I) (this hospital) attended the deceased from Nov. 1, 1966, to Dec. 27, 1968, that (I) (we) last saw the deceased alive on Dec. 27, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE Charles H. Stonesifer, M.D.		22c. DATE SIGNED Dec. 28 '68								
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Greensboro, Md. 21639								
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Dec. 30	23c. NAME OF CEMETERY OR CREMATORIAL TEMPLEVILLE	23d. LOCATION (City or Town) TEMPLEVILLE	(County) MD.	(State)				
24. FUNERAL DIRECTOR Edgar L. Lane - Church Hill, Md.		ADDRESS JAN 6 1969	25a. REC'D. BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE						



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17325

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. If in any event, within 72 hours after death, should be filed with the State Dept. of Health prior to burial, cremation, or removal.

1. DECEASED NAME (Type or print)	First MICHAEL	Middle HRYNKO	Last	2a. DATE OF DEATH December 3 1968	2b. HOUR 3 P. M.
3. SEX Male	4. RACE White	5. DATE OF BIRTH June 22, 1917	6. AGE (In years last birthday) 51 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Pennsylvania	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Caroline		
10. CITY OR TOWN OF DEATH Federalsburg	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Houston Branch Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Farmer	12b. KIND OF BUSINESS OR INDUSTRY Farm		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland	13b. COUNTY Caroline	13c. CITY OR TOWN Federalsburg	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Houston Branch Road	Md.
14. FATHER'S NAME First Stephen	Middle Hryntko	Last Julia	MOTHER'S MAIDEN NAME First Middle Last Nester		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown Yes	16b. SOCIAL SECURITY NO. WW II	17. INFORMANT Nannie M. Hryntko, Federalsburg, Md., RFD	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lymphosarcoma with generalized</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2001 2 years Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 2001 Pulmonary tuberculosis, arrested					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <small>If either, notify medical examiner</small>	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.O. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>1960</u> , 19____, to <u>12-3-68</u> , 19____, that (I) (we) last saw the deceased alive on <u>12-3-68</u> , 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <u>Frank M. Anderson M.D.</u>	DEGREE M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <u>12-4-68</u>
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS <u>Federalsburg, Maryland 21632</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Dec. 6, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Our Lady of Good Counsel	23d. LOCATION (City or Town) Secretary	(County)	(State) Maryland
24. FUNERAL DIRECTOR <u>Franklin Frampton</u>	ADDRESS Frampton Funeral Home, Federalsburg, Maryland	25a. RECD BY REGISTRAR DEC 16 1968	25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>		

Facilities offer a variety of

other services

including a library, a

small gift shop, a

FOR STATE
HEALTH DEPT.

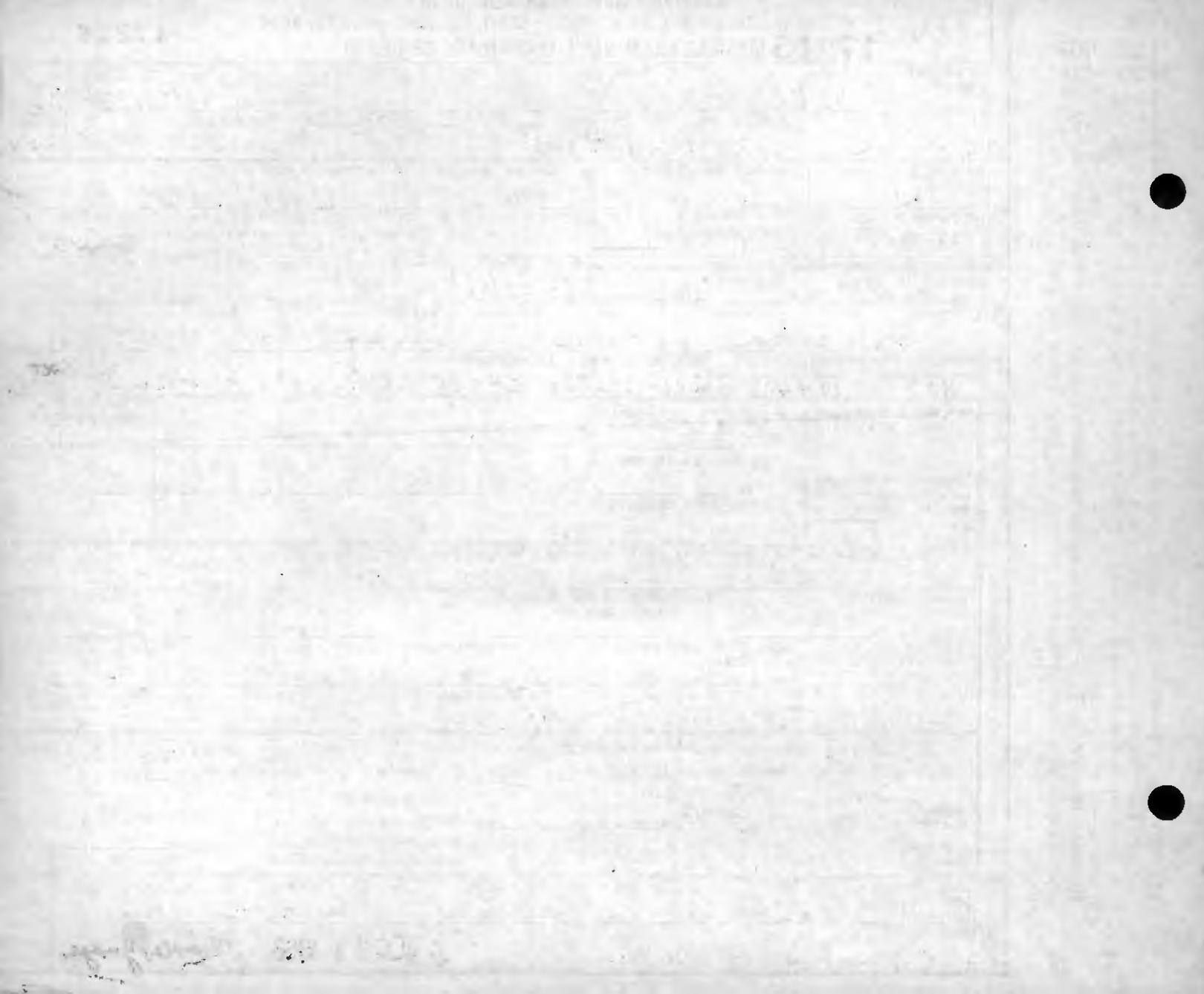
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMB Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

Item 10 Film #08 MARYLAND STATE DEPARTMENT OF HEALTH
12/31/68 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
17315 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17326

1. DECEASED-NAME (Type or Print)	First SYLVESTER	Middle LEWIS	Last	2a. DATE KNOWN OF ESTI. DEATH MATED	Month 12	Day 15	Year 1968	2b. HOUR 8 p.m.			
3. SEX MALE	4. RACE C	S. DATE OF BIRTH 1-23-1927	6. AGE (in years (in months) YRS.) 71	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS DAYS 0	HOURS 0	MIN 0	2c. DATE PRONOUNCED DEAD Month 12	Day 15	Year 1968	2d. HOUR 0:00
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? GSA	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH CARoline								
10. CITY OR TOWN OF DEATH Preston RFD	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Laborer	12b. KIND OF BUSINESS OR INDUSTRY FARM								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md	13b. COUNTY CARoline	13c. CITY OR TOWN Preston	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER 135 W. Hill St							
14. FATHER'S NAME Sylvestor	First Lewis	Middle Lucy	Last Brown								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16b. SOCIAL SECURITY NO. (If yes, give name or dates of service) 1944	17. INFORMANT ELMER LEWIS	ADDRESS Baltimore, Md.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Automobile Procrashation											
DUE TO, OR AS A CONSEQUENCE OF 8147											
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost 8147											
(b) loss of posterior portion of skull during motor vehicle accident											
DUE TO, OR AS A CONSEQUENCE OF Auto accident											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) loss of posterior portion of skull during motor vehicle accident											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. 3:20 P.M. / 16 1968		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) hit by 2 Automobiles between 8-9:15							
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) State road		21f. LOCATION Street or R.F.D. No. RFD Baltimore Tenure road Preston		City or Town CARoline					
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE Henry B. Plummer				CHIEF MEDICAL EXAMINER <input type="checkbox"/>							
EXAMINER'S NAME (Type) Harold B. Plummer, M.D.				M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>							
				DEPUTY MEDICAL EXAMINER <input type="checkbox"/>							
				ADDRESS (Street, city, town, or county) 200 Brown + Dr 10820 Montgomery							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/21/68		23c. NAME OF CEMETERY OR CREMATORIAL Mt Calvary		23d. LOCATION (City or Town) 200 Co. Md.					
24. FUNERAL DIRECTOR John Brown + Dr 10820 Montgomery		ADDRESS		25a. RECD BY REGISTRAR DATE DEC 23 1968		25b. REGISTRAR'S SIGNATURE Charles Judge					



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Copy Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1 17316 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17327

1. DECEASED NAME (Type or Print)	First George	Middle Washington	Last Murphy	2a. DATE KNOWN OF DEATH MATED 12-20 1968 :45	Month Month	Day 20	Year 1968	2b. HOUR 1150 M
3. SEX Male	4. RACE Cau.	5. DATE OF BIRTH 2-22-15	6. AGE 53 in years last birthday YRS.	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS DAYS 0	HOURS 00	MIN 00	2d. HOUR 1150 M
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Caroline	Md.				
10. CITY OR TOWN OF DEATH Ridgely	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) None			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Maintenance			12b. KIND OF BUSINESS OR INDUSTRY State Roads	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md/	13b. COUNTY Caroline	13c. CITY OR TOWN Ridgely	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER None				
14. FATHER'S NAME John Murphy	First	Middle	Last	15. MOTHER'S MAIDEN NAME Iva Clark	First	Middle	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16b. SOCIAL SECURITY NO. WW 2	16c. INFORMANT Elizabith Murphy	ADDRESS Ridgely, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Brain Damage 8120 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.								
minutes								
(b) Fracture of Skull DUE TO, OR AS A CONSEQUENCE OF minutes								
(c) Automobile Accident minutes								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 8161								
19a. DATE OF OPERATION 2. MEDICAL CERTIFICATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR AM 1:45 P.M. 12/20/68	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Drove car under end of Tractor Trailor						
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Central Avenue	21f. LOCATION Street or R.F.D. No. Ridgeley	City or Town Maryland	County Caroline	State Maryland			
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>								
22b. DATE SIGNED 12/22/68								
ACTUAL SIGNATURE Harold B. Plummer	CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) Preston Caroline							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-24-68	23c. NAME OF CEMETERY OR CREMATORIUM Greensboro	23d. LOCATION (City or Town) Greensboro	(County) Caroline	(State) Md.			
24. FUNERAL DIRECTOR J. E. Burdette, Greensboro, Md.	ADDRESS	25a. REC'D BY REGISTRAR DEC 27 1968	25b. REGISTRAR'S SIGNATURE Charles Judge					

600 1000

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17327

17328

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1. DECEASED NAME (Type or print)		First GOOTEE	Middle STEVENS	Last NEAL	2a DATE OF DEATH Month December	Day 3	Year 1968	2b. HOUR 9 P.M.	
3. SEX Male		4. RACE White		5. DATE OF BIRTH September 12, 1878		6. AGE (In years last birthday) 90		IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Caroline			
10. CITY OR TOWN OF DEATH Federalsburg		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 320 Maple Avenue		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired Electrician		12b. KIND OF BUSINESS OR INDUSTRY Electrical			
13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE Maryland		13b. COUNTY Caroline		13c. CITY OR TOWN Federalsburg		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 320 Maple Avenue	
14. FATHER'S NAME First Frank		Middle Neal		15. MOTHER'S MAIDEN NAME Sarah		Middle Liden		Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO 214-30-8675		17. INFORMANT Mrs. Olive Andrew, Federalsburg, Maryland		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Myocardial failure</u>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 weeks			
4120 Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.		DUE TO, OR AS A CONSEQUENCE OF (b) <u>Hypertensive cardio-vascular disease</u>				10 years			
DUE TO, OR AS A CONSEQUENCE OF (c)									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 443X									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No		City or Town		County State	
22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on <u>12-3-68</u> 19 <u> </u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.				8-25-65, 19 <u> </u> , to <u>12-3-68</u> , 19 <u> </u>					
22b. SIGNATURE <u>Frank M. Anderson M.D.</u>				22c. DATE SIGNED <u>12-4-68</u>					
22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS <u>Federalsburg, Maryland</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 5, 1968		23c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery		23d. LOCATION (City or Town) Federalsburg, Maryland		(County) (State)	
24. FUNERAL DIRECTOR Frampton Funeral Home		ADDRESS Federalsburg, Maryland		25a. REC'D BY REGISTRAR DEC 16 1968		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17329

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be initialed by the hospital or attending physician.
10. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

1. DECEASED-NAME (Type or print)			First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR M			
MARY AGNES NEWCOMB						Dec	8	1968				
3. SEX		4. RACE	5. DATE OF BIRTH			6. AGE (in years last birthday)			7. IF UNDER 1 YEAR MONTHS	8. IF UNDER 24 HRS. DAYS	9. HOURS	10. MIN.
F		W	SRPT 25, 1893			75 yrs.						
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED			9. COUNTY OF DEATH			Md.			
MD		USA	<input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			CAROLINA						
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY				
DENTON					at home							
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY			13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER					
MD		CAROLINA			DENTON	YES <input checked="" type="checkbox"/>						
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last				
ALEXANDER				FETZ HIGHT	CATHERINE			WILSON				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO.			17. INFORMANT			Address				
No					Mrs. Fred Brown Denton, Md.							
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH												
14 days												
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))												
PART 1. DEATH WAS CAUSED BY:												
IMMEDIATE CAUSE (a) Myocardial infarction												
DUE TO, OR AS A CONSEQUENCE OF												
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.												
(b) Arterioscler - Heart Disease												
DUE TO, OR AS A CONSEQUENCE OF												
(c)												
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
49												
MEDICAL CERTIFICATION		19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
								YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M.			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
					19							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.			City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from 12/14/66, 19, to 12/14/67, 19, that (I) (we) last saw the deceased alive on 12/14/67, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE												
Philip P. Felipe MD												
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS						22c. DATE SIGNED				
Philip P. Felipe MD								12/11/68				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORIAL DORCHESTER MEM.			23d. LOCATION (City or Town) CamBRIDGE DOR. MD.		(County)		(State)	
Burial		Dec. 11, 1968										
24. FUNERAL DIRECTOR		ADDRESS			25a. REC'D BY REGISTRAR DA			25b. REGISTRAR'S SIGNATURE				
Charles E. Moore		Denton			DEC 13 1968			Charles Judge				



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

17319

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17330

1. DECEASED NAME (Type or print)	First Mary	Middle Anna	Last Welch	2a. DATE OF DEATH Month Dec.	Day 8	Year 1968	2b. HOUR 2:45 A.M.		
3. SEX Female	4. RACE White	5. DATE OF BIRTH Sept. 29, 1889		6. AGE (In years at birthday) 79	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. HOURS 00	MIN 00		
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	9. COUNTY OF DEATH Caroline, Greensboro, Md.					
10. CITY OR TOWN OF DEATH Greensboro	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Cedar Lane		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired School Teacher		12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Caroline	13c. CITY OR TOWN Greensboro	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	13e. STREET AND NUMBER Cedar Lane				
14. FATHER'S NAME First William	Middle Thomas	Last Luff	15. MOTHER'S MAIDEN NAME First Rosa Matilda Knight		Middle	Last			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. 577-48-3297		17. INFORMANT Son	Address Louis Pleasonton Chester, Penna.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4100 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) stating the underlying cause (c) Coronary Occlusion						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DUE TO, OR AS A CONSEQUENCE OF Hypertension, Arteriosclerotic CV Disease						38 days			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIAPHRAGMATIC HERMIA.									
19a. DATE OF OPERATION 4/20/68	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While at work Nat while at work	21e. PLACE OF INJURY (At Home, Farm, Street, Factory, Office Building, Etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State				
22a. I certify that (I) (this hospital) attended the deceased from Nov 1, 1968 , to Dec 8, 1968 , that (I) (we) last saw the deceased alive on Dec 8, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE Charles H. Stonesifer, M.D.	DEGREE M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 12/9/68					
22d. PHYSICIAN'S NAME (Type) CHARLES H. STONESIFER	22e. ADDRESS GREENSBORO, MARYLAND								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/11/68	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Hollywood Cemetery	23d. LOCATION (City or Town) Harrington Kent Delaware	(County) Harrington Kent Delaware	(State) Delaware				
24. FUNERAL DIRECTOR from trampton Jr. Federalsburg Maryland	ADDRESS	25a. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE Charles Judge						
DATE DEC 11 1968									

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17320

CERTIFICATE OF DEATH

17331

10. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.
 10. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First MILTON	Middle LEE	Last WILLIS	20. DATE OF DEATH Month December	Day 25	Year 1968	2b. HOUR 8:30 P.M.
3. SEX Male	4. RACE White	S. DATE OF BIRTH September 10, 1898			6. AGE (In years last birthday) 70	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Caroline				
10. CITY OR TOWN OF DEATH Federalsburg	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) RFD - Laurel Grove Road			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Electrical Contractor			12b. KIND OF BUSINESS OR INDUSTRY Electrical
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Caroline	13c. CITY OR TOWN Federalsburg	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER RFD - Laurel Grove Road			
14. FATHER'S NAME James S. Willis	First James S.	Middle Willis	Last	15. MOTHER'S MAIDEN NAME Mary Shufelt	First Mary	Middle Shufelt	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO.	17. INFORMANT Ethel E. Willis, Federalsburg, Maryland, RFD			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured myocardic aneurysm</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>Myocardial infarction</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Coronary insufficiency</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 0 6 weeks 8 yrs							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201							
19a. DATE OF OPERATION X	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> Cause of death (If either, notify medical examiner)	21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from <u>6-17-60</u> , 19 <u>68</u> , to <u>12-23-</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>12-23</u> 19 <u>68</u> , and that in (my) <u>opinion</u> death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <u>H. R. Trapenell</u>	DEGREE M.D.	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 1-3-69		
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS Federalsburg, Maryland 21632						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 29, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Hill Crest Cemetery	23d. LOCATION (City or Town) Federalsburg, Maryland	(County)	(State)		
24. FUNERAL DIRECTOR Frampton Funeral Home, Federalsburg, Maryland	ADDRESS	25a. RECD BY REGISTRAR DAN 13 1969			25b. REGISTRAR'S SIGNATURE <u>Charles J. Judge</u>		

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